



Benefits Newsletter

Surviving Spouse Edition

October 2017

2018 Open Enrollment November 1, 2017— November 17, 2017 (Except November 10th)

It's Open Enrollment Time

Open Enrollment has arrived for the eligible retirees of the City of Baton Rouge-Parish of East Baton Rouge. City-Parish Open Enrollment is the time of year when retirees are able to evaluate current benefit options and make changes. The City-Parish will maintain the existing high level of benefits we have traditionally offered. See the Benefit Summary for a glance at the benefits. Changes you make now will be effective January 1, 2018. Open Enrollment is your opportunity to:

- ◊ Change or cancel medical, dental, or vision.
- ◊ Add eligible dependents not currently covered.
- ◊ Drop current or overage dependents.



Retiree open enrollment changes must be made at Human Resources Payroll and Benefits at 1755 Florida Street from 8:00 a.m. to 5:00 p.m. No Open Enrollment on Friday, November 10th due to the Holiday. Human Resources Payroll and Benefits determines eligibility.

Rates

There will be a 5% increase in employee and employer health insurance contributions for 2018; however, there are **NO rate changes** for Dental or Vision insurance for the 2018 plan year. Please see attached rates for 2018.

Medicare Part B

Enrollment in Medicare Part B is **mandatory** for retirees, their spouses, and surviving spouses who turn 65 after January 1, 2003 or if they are eligible for Part A. By providing proof of enrollment in Part B, you will receive a premium credit up to \$96.40 towards the cost of your City-Parish medical insurance.

- ◊ Prior to you or your dependent's Medicare effective date, you will need to furnish this office with a copy of your Medicare card to receive the discounted medical rate.
 - ◊ If ineligible for Part A, you must provide a statement from the Social Security Office.
 - ◊ The penalty for failure to provide us with either document is loss of coverage in the City-Parish health insurance plan, and paying the incorrect premium without the opportunity to receive a refund.
- ◊ If you or your dependent(s) acquire Medicare before age 65, provide us with a copy of the Medicare card so that we may adjust your premium.

You **must** notify City-Parish Payroll and Benefits at 225- 389-3134 if you lose or drop your Medicare Coverage.

Review Open Enrollment Election Form before signing.
ALL CHANGES ARE FINAL!!!

Benefit Summary



Medical Insurance

by Blue Cross Blue Shield of Louisiana

HMO (Health Maintenance Organization)

This Plan is a straight HMO Plan. This Plan only pays benefits when services are obtained by a provider who is in the HMOLA Network. This Plan has copays, coinsurance, and a deductible which are all applied to the out of pocket maximum.

POS (Point of Service)

This Plan is a nationwide comprehensive group health plan with benefits. This Plan has copays, coinsurance, and a deductible which all are applied to the out of pocket maximum. The deductible must be met before a copayment or coinsurance applies when seeking treatment from a network provider.

HDHP (High Deductible Health Plan)

This is a nationwide high deductible health plan. This high deductible coverage may be used in conjunction with a Health Savings Account (HSA). Once the deductible amount has been met all covered services are paid at 100%.



Dental Insurance

by Always Care



Silver

Members may only use participating providers.

Platinum

Choose any dentist; however, you may select a participating Provider for discounted fees and no balance billing. Deductible is \$50 per year with a max of 3 per family and benefit year max of \$1500 for class A, B & C. Please see Brochure.

Vision Insurance

by Davis Vision



Your vision plan helps you care for your eyes while saving money by offering eye examinations, eyeglasses, and contact lenses with copayments.

Special points of interest:

- ◇ Double covering a dependent is not allowed.
- ◇ Keep your address and phone number current with Human Resources.
- ◇ Keep your life insurance beneficiary current. (We will not release beneficiary names over the phone.)
- ◇ If you are a Surviving Spouse and you remarry, you are no longer eligible for City-Parish coverage.
- ◇ There are penalties imposed by the Social Security Administration for declining Medicare Part B or failing to enroll in a timely manner.

!!!Importance Notice!!!

- ◆ If you currently have medical and/or dental and you cancel your coverage, you will **never** be eligible to enroll in the dropped plan again.
- ◆ You **do not** have to do anything if you want to continue the same medical, dental, and/or vision coverage.

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ALL CHANGES ARE FINAL!!!

Family Status Changes - Qualifying Events

The only time you may change your insurance coverage is during the **annual Open Enrollment period**, unless you have a life changing event or family status change as defined by the IRS. It is your responsibility to report any life changes (Qualifying Events) **within 30 days** of the family status change (marriage, divorce, birth, adoption, death, etc.). If you do not make these changes within 30 days of the Qualifying Event, your right to make changes is lost. You must come to Human Resources Payroll and Benefits to make this change with the necessary documents (see chart below). If you have any questions you can please contact us at (225)389-3134.

Qualifying Event	Required Documentation
Marriage	Marriage License, Social Security Card
Divorce	Official Signed Divorce Decree
Birth	Birth Certificate or Hospital Certificate, Social Security Card
Adoption, Custody of Child	Adoption Papers, Final Signed Court Decree, Social Security Card
Overage Dependent	No documentation required
Change in Spouse's Employment Status	Letter from Spouse's previous employer stating the type of coverage, who was covered and the date of cancellation.

Retirees with Medicare Part B as Primary Who Pays First?

- Medicare will pay your **covered** claims first.
- Your City-Parish medical plan will pay secondary.
- Deductibles, coinsurance, and/or co-pays on the Medicare covered claims will be paid by your City-Parish medical plan.
- Services and supplies **not covered** by Medicare will be subject to the City-Parish medical plan's Schedule of Benefits.
- The most common example of services and supplies not covered by Medicare is prescription drugs. All prescriptions are subject to your City-Parish medical plan.

What do I need to add a dependent to my insurance?

CHANGE!

You will need documentation. To add children, you will need a copy of their birth certificate and social security card.

What if I do not have this information at the time I meet with an enroller?

You will not be able to add dependents at that time. You will have to come back with the appropriate documents and meet with an enroller.

Are you a recent retiree? Were you 65 or older when you retired? Are you eligible for Medicare?

If you said yes to the questions above, you need to contact Payroll and Benefits at (225) 389-3134. You will need to submit a copy of your Medicare card to be eligible for a premium credit toward your City-Parish medical insurance.

Moving out of the Baton Rouge Area?

Please contact Human Resources Payroll and Benefits at (225) 389-3134 if you and/or your dependent moves out of the Baton Rouge area and have HMO medical coverage.

Review Open Enrollment Election Form before signing.
ALL CHANGES ARE FINAL!!!

Contact Information

Phone: (225) 293-2583



**BlueCross BlueShield
of Louisiana**

An Independent Licensee of the Blue Cross and Blue Shield Association.

(888) 224-2583

Fax: (225) 297-2727

Website: www.bcbsla.com

Email questions: help@bcbsla.com

Express Scripts

Phone: (800) 451-6245

Website: www.express-scripts.com

MetLife

Phone: (800) 438-6388

Website: www.metlife.com



**Human Resources
Payroll & Benefits**

225-389-3134

Davis Vision

Phone: (800) 999-5431

Client Code: 2337

Fax: (800) 783-9046

www.davisvision.com

Allstate

Phone: (800) 521-3535

www.allstatebenefits.com



TRANSAMERICA
Employee Benefits

**HealthEquity
Health Savings Account**

Phone: (866) 346-5800

Website: www.healthequity.com

Email questions:

memberservice@healthequity.com

AlwaysCare

Phone: (225) 926-2888 Ext 2013

(888)-729-5433

www.alwaysdental.com

**Nationwide
Retirement Solutions**

(877) 677-3678 Ext 48774

Leigh Donohue

Website: www.nrsforu.com

HILADGO

Employee Assistance Program
(EAP)

Phone: (225) 927-0160

(800) 448-4470

www.healthassociatesllc.com



Retirement Information

City Parish Employees' Retirement
(CPERS) (225) 389-3272

Municipal Police Employees' Retirement
(MPERS) (225) 929-7411

**SIGN
UP NOW**

MassMutual

Retirement Advisors

(225) 681-0457

Jeanne Badeaux-Carline

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SURVIVING SPOUSE DECLARATION

By signing this statement, I am attesting that since the death of my spouse, an employee of the City of Baton Rouge, whose employment with the City/Parish enabled me to participate in the City's insurance plan, I have not remarried.

I understand that should I remarry, I will lose all eligibility to participate in any health insurance plan offered by the City of Baton Rouge.

Print Name of Surviving Spouse

Social Security Number

Signature of Surviving Spouse

Date

Please fax or mail completed form prior to **January 31, 2018** to:

HR Payroll and Benefits Division
1755 Florida Street
Baton Rouge, LA 70802

(225) 389-3139 fax

(225) 389-3134 phone

2018 Schedule of Benefits

	HMO Benefits		POS Benefits		HDHP Benefits	
	Network	Non-Network	Network	Non-Network	Network	Non-Network
Benefit Period Deductible (Single/Family)	\$500/\$1,500	\$1,000/\$3,000	\$500/\$1,500	\$1,000/\$3,000	\$2,000/\$4,000	\$4,500/\$9,000
Out of Pocket Maximum (Single/Family)	\$2,500/\$5,000	\$6,000/\$12,000	\$2,500/\$5,000	\$6,000/\$12,000	\$2,000/\$4,000	\$8,500/\$17,000
Physicians Office Visit	\$25.00 per visit	70%/30%	\$25.00 per visit	70%/30%	100% after deductible	70% after deductible
Specialist Office Visit	\$35.00 per visit	70%/30%	\$35.00 per visit	70%/30%	100% after deductible	70% after deductible
Allied Health Professionals						
Chiropractor	\$25.00 per visit	70%/30%	\$25.00 per visit	70%/30%	100% after deductible	70% after deductible
Physician's Assistant	\$25.00 per visit	70%/30%	\$25.00 per visit	70%/30%	100% after deductible	70% after deductible
Rehabilitative Care	80%/20%	70%/30%	80%/20%	70%/30%	100% after deductible	70% after deductible
Preventive/Wellness	\$0	70%/30%	\$0	70%/30%	0%	70%/30%
Employee Assistance Counseling	3 Visits (No Copay/Coinsurance)		3 Visits (No Copay/Coinsurance)		100% after deductible	70% after deductible
Urgent Care Center	\$40.00 per visit	70%/30%	\$40.00 per visit	70%/30%	100% after deductible	70% after deductible
Vision Care Exam (1 per 24 Months)	\$35.00 per visit	\$35.00 per visit	\$35.00 per visit	\$35.00 per visit	Not Covered	Not Covered
Refractive Errors of Eye	50%/50%	Not Covered	50%/50%	Not Covered	Not Covered	Not Covered
Emergency Room	\$150 (waived if admitted)	\$150 (waived if admitted)	\$150 (waived if admitted)	\$150 (waived if admitted)	100% after deductible	70% after deductible
Ambulance Services	\$100 per day per Provider	70%/30%	\$100 per day per Provider	70%/30%	100% after deductible	70% after deductible
Air Ambulance Services	\$200 per day per Provider	70%/30%	\$200 per day per Provider	70%/30%	100% after deductible	70% after deductible
Ambulatory Surgical Facility	\$200 per Surgical visit	70%/30%	\$200 per Surgical visit	70%/30%	100% after deductible	70% after deductible
Physicians Outpatient Surgical Services	\$100 Copay per Day	70%/30%	\$100 Copay per Day	70%/30%	100% after deductible	70% after deductible
Inpatient Hospital Admission	\$200 per day/5 day Max	70%/30%	\$200 per day/5 day Max	70%/30%	100% after deductible	70% after deductible
Pregnancy Care	\$50 Copay (first visit only)	70%/30%	\$50 Copay (first visit only)	70%/30%	100% after deductible	70% after deductible
Durable Medical Equipment	80%/20% (\$25,000 max)	70%/30%	80%/20% (\$25,000 max)	70%/30%	100% after deductible	70% after deductible
Home Health Care	100%	70%/30%	100%	70%/30%	100% after deductible	70% after deductible
Hospice (limit 185 days)	100%	70%/30%	100%	70%/30%	100% after deductible	70% after deductible
Skilled Nursing Facility (limit 100 days)	80%/20%	70%/30%	80%/20%	70%/30%	100% after deductible	70% after deductible
Speech Therapy	Same as any other illness	None	Same as any other illness	None	100% after deductible	70% after deductible
Organ, Tissue, and Bone Marrow Trans.						
Mental Disorders/Alcohol/Drug Abuse						
Outpatient Mental Health and Substance Abuse Benefits	100%	70%/30%	100%	70%/30%	100%	70%
Inpatient Mental Health and Substance Drug Abuse Benefits	100%	70%/30%	100%	70%/30%	100%	70%
Inpatient Hospital Copayments and/or Inpatient Coinsurance amounts for Mental Health and Substance Abuse	Payable same as medical benefits	Payable same as medical benefits	Payable same as medical benefits	Payable same as medical benefits	Payable same as medical benefits	Payable same as medical benefits
Prescription Drug (Generic & Brand)	See attached Prescription Plan for HMO and POS					100% after deductible

This is not intended to be comprehensive. The terms and conditions of the contract will prevail.

2018 City-Parish Medical Rates w/Medicare*

COVERAGE	HMO	POS	HDHP
EMPLOYEE ONLY W/PART B:			
YOU PAY	\$53.56	\$94.62	\$53.56
CITY-PARISH PAYS	\$581.48	\$581.48	\$581.48
MONTHLY RATE	\$635.04	\$676.10	\$635.04
EMP. + SPOUSE 1 W/PART B:			
YOU PAY	\$350.46	\$472.38	\$174.08
CITY-PARISH PAYS	\$994.82	\$994.82	\$994.82
MONTHLY RATE	\$1,345.28	\$1,467.20	\$1,168.90
EMP. + SPOUSE 2 W/PART B**:			
YOU PAY	\$254.06	\$375.98	\$107.12
CITY-PARISH PAYS	\$1,021.38	\$1,021.38	\$1,021.38
MONTHLY RATE	\$1,275.44	\$1,397.36	\$1,128.50
EMP. + CHILD(REN) 1 W/PART B:			
YOU PAY	\$296.52	\$403.80	\$136.96
CITY-PARISH PAYS	\$919.64	\$919.64	\$919.64
MONTHLY RATE	\$1,216.16	\$1,323.44	\$1,056.60
FAMILY 1 W/PART B:			
YOU PAY	\$512.38	\$678.68	\$285.68
CITY-PARISH PAYS	\$1,220.34	\$1,220.34	\$1,220.34
MONTHLY RATE	\$1,732.72	\$1,899.02	\$1,506.02
FAMILY 2 W/PART B:			
YOU PAY	\$415.98	\$582.28	\$189.28
CITY-PARISH PAYS	\$1,255.26	\$1,255.26	\$1,255.26
MONTHLY RATE	\$1,671.24	\$1,837.54	\$1,444.54

*A credit of up to \$96.40 for the Medicare Part B premium will be given to all members enrolled in Medicare Part B.

** Use this rate for Employee + Child(ren), 2 w/Medicare also.

2018 Surviving Dependent Medical Rates

(This is only for new surviving dependents after 1/1/2005)

COVERAGE	HMO	POS*	HDHP*
SURVIVING SPOUSE ONLY:			
YOU PAY	\$329.58	\$451.48	\$266.26
CITY-PARISH PAYS*	\$446.32	\$446.32	\$446.32
MONTHLY RATE	\$775.90	\$897.80	\$712.58
SURVIVING SPOUSE + CHILD(REN):			
YOU PAY	\$539.88	\$908.86	\$496.66
CITY-PARISH PAYS*	\$751.40	\$751.40	\$751.40
MONTHLY RATE	\$1,291.28	\$1,660.26	\$1,248.06
SURVIVING CHILD:			
YOU PAY	\$262.44	\$386.52	\$235.84
CITY-PARISH PAYS*	\$365.26	\$365.26	\$365.26
MONTHLY RATE	\$627.70	\$751.78	\$601.10
SURVIVING SPOUSE ONLY W/PART B:			
YOU PAY	\$233.18	\$355.08	\$169.86
CITY-PARISH PAYS	\$544.12	\$544.12	\$544.12
MONTHLY RATE	\$777.30	\$899.20	\$713.98
SURVIVING SPOUSE +CHILD(REN) 1 W/PART B:			
YOU PAY	\$443.48	\$812.46	400.26
CITY-PARISH PAYS	\$909.34	\$909.34	909.34
MONTHLY RATE	\$1,352.82	\$1,721.80	\$1,309.60

*C-P PORTION SAME AS HMO

2018 City-Parish Monthly Dental and Vision Rates

COVERAGE	Silver Plan	Platinum Plan	VISION
EMPLOYEE ONLY:			
YOU PAY	\$6.50	\$12.52	\$5.20
CITY-PARISH PAYS	\$7.04	\$13.54	
MONTHLY RATE	\$13.54	\$26.06	
EMPLOYEE + SPOUSE:			
YOU PAY	\$12.98	\$25.00	\$9.88
CITY-PARISH PAYS	\$14.06	\$27.10	
MONTHLY RATE	\$27.04	\$52.10	
EMPLOYEE + CHILD(REN)			
YOU PAY	\$14.16	\$29.94	\$10.36
CITY-PARISH PAYS	\$15.34	\$32.42	
MONTHLY RATE	\$29.50	\$62.36	
EMPLOYEE + FAMILY:			
YOU PAY	\$22.06	\$45.66	\$15.94
CITY-PARISH PAYS	\$23.90	\$49.48	
MONTHLY RATE	\$45.96	\$95.14	

Women's Health and Cancer Rights Act Enrollment Notice For All Covered Members

If you have had or are going to have a mastectomy, you may be entitled to certain benefits under the Women's Health and Cancer Rights Act of 1998 (WHCRA). For individuals receiving mastectomy-related benefits, coverage will be provided in a manner determined in consultation with the attending physician and the patient for:

- all stages of reconstruction of the breast on which the mastectomy was performed;
- surgery and reconstruction of the other breast to produce a symmetrical appearance;
- prostheses; and
- treatment of physical complications of the mastectomy, including lymphedema.

These benefits will be provided subject to the same deductibles, coinsurance, and copayments (if any) applicable to other medical and surgical benefits provided under this plan. Information on the plan's specific deductible, coinsurance, or co-payment amounts is found in the Schedule of Benefits document that is issued with your health benefit booklet.

If you have questions about your coverage, please contact the Blue Cross Blue Shield of Louisiana Customer Service Department at the number listed on the back of your insurance ID card.

What Happens To Your Current Coverage If You Decide to Join A Medicare Drug Plan?

If you decide to join a Medicare drug plan, your current City of Baton Rouge Parish of East Baton Rouge coverage will not be affected. See pages 7- 9 of the CMS Disclosure of Creditable Coverage To Medicare Part D Eligible Individuals Guidance (available at <http://www.cms.hhs.gov/CreditableCoverage/>), which outlines the prescription drug plan provisions/options that Medicare eligible individuals may have available to them when they become eligible for Medicare Part D.]

If you do decide to join a Medicare drug plan and drop your current City of Baton Rouge Parish of East Baton Rouge coverage, be aware that you and your dependents will not be able to get this coverage back.

When Will You Pay A Higher Premium (Penalty) To Join A Medicare Drug Plan?

You should also know that if you drop or lose your current coverage with City of Baton Rouge Parish of East Baton Rouge and don't join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later.

If you go 63 continuous days or longer without creditable prescription drug coverage, your monthly premium may go up by at least 1% of the Medicare base beneficiary premium per month for every month that you did not have that coverage. For example, if you go nineteen months without creditable coverage, your premium may consistently be at least 19% higher than the Medicare base beneficiary premium. You may have to pay this higher premium (a penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to join.

NOTE: You'll get this notice each year. You will also get it before the next period you can join a Medicare drug plan, and if this coverage through City of Baton Rouge Parish of East Baton Rouge changes. You also may request a copy of this notice at any time.

For More Information About Your Options Under Medicare Prescription Drug Coverage...

More detailed information about Medicare plans that offer prescription drug coverage is in the "Medicare & You" handbook. You'll get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare drug plans.

CMS Form 10182-CC
Updated April 1, 2011

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-0990. The time required to complete this information collection is estimated to average 8 hours per response initially, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-

For more information about Medicare prescription drug

- coverage: Visit www.medicare.gov
- Call your State Health Insurance Assistance Program (see the inside back cover of your copy of the "Medicare & You" handbook for their telephone number) for personalized help
- Call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. For information about this extra help, visit Social Security on the web at www.socialsecurity.gov, or call them at 1-800-772-1213 (TTY 1-800-325-0778).

Remember: Keep this Creditable Coverage notice. If you decide to join one of the Medicare drug plans, you may be required to provide a copy of this notice when you join to show whether or not you have maintained creditable coverage and, therefore, whether or not you are required to pay a higher premium (a penalty).

Date: October 21, 2017

Sender: City of Baton Rouge Parish of East Baton Rouge

Contact: Human Resources, Payroll and Benefits Division

Address: 1755 Florida Street
Baton Rouge, LA 70802

Phone: 225-389-3134

CMS Form 10182-CC
Updated April 1, 2011

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Address Form

Complete and return this form to Payroll & Benefits at the address or fax number below. This information will be used to update the mailing address and contact information.

Name		Social Security Number	
Street Address		City	
State	Zip	Cell Phone Number ()	
Home Phone Number ()		Work Phone Number ()	

Release of Information

Indicate below if you do not want to have your address and/or phone number released.

- ☐ I do not want my address released.
- ☐ I do not want my telephone number released.

Employee's Signature	Date
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****Mailing Address** (All correspondence from the City of Baton Rouge Parish of East Baton Rouge will be sent to this address)

Return Information:

Mail or Hand Deliver to: Department of Human Resources Payroll and Benefits Division, 1755 Florida Street, Baton Rouge, LA 70802

Fax to: (225) 389-3139